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	R CA 90025-1030	ZAFMAN	SEP 0 6 20	I hereby certify the States Postal Servi	Certificate of Mat this Fee(s) Trance with sufficient Mail Stop ISSUBJSPTO (571) 273	nsmittal is bein postage for fir FEE address	g deposited with the United st class mail in an envelope above, or being facsimile
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP	`	A WADBINE		M/ 8/30/	106	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED II	NVENTOR	ATTORNEY DOCKET NO		CONFIRMATION NO.
10/803,452 TITLE OF INVENTION: C	03/18/2004 ACHE MECHANISM		Ryan Ral	kvic	42P	18230	5394
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1	700	08/31/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	$\neg$		
ELLIS, KEVIN L		2188		711-133000			
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified be 137 CFR 3.11. Completion of EE	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Intel Corporati Please check the appropriate	on assignee category or categor	ies (will not be pri		ara, California ent): 🗖 Individual 🔀	Corporation or o	other private gr	oup entity Government
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